



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

June 15, 2017

ALL COUNTY LETTER (ACL) NO. 17-54

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY WELFARE FISCAL OFFICERS  
ALL CHIEF PROBATION OFFICERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL COUNTY TRANSITIONAL HOUSING COORDINATORS  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: **ENSURING YOUTH TRANSITIONING OUT OF FOSTER CARE  
RECEIVE MEDI-CAL BENEFITS TO AGE 26**

REFERENCE: ASSEMBLY BILL [\(AB\) 2877](#) (CHAPTER 93, STATUTES OF 2000); [AB 686](#) (CHAPTER 911, STATUTES OF 2000); [SB 28](#) (CHAPTER 442, STATUTES OF 2013); [\(AB\) 1849](#) (CHAPTER 609, STATUTES OF 2016); WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [391](#), [14005.28](#), AND [16501.1](#); ALL COUNTY INFORMATION NOTICE (ACIN) [I-31-15](#); DEPARTMENT OF HEALTHCARE SERVICES (DHCS) ALL COUNTY WELFARE DIRECTORS LETTERS (ACWDLs) [14-41](#), [14-41E](#), [15-32E](#), AND [16-20](#); [FORM JV-365](#)

This All County Letter (ACL) instructs counties on new requirements to ensure that youth exiting foster care receive uninterrupted Medi-Cal benefits and provides an update regarding the JV-365 form, along with a sample form for complying with the new verification requirements.

**BACKGROUND**

In 2000, California passed Assembly Bill (AB) 2877, which, in part, added WIC section 14005.28 to extend Medi-Cal benefits to youth who were in foster care on their 18th birthday and are not yet 21 years of age. Additionally, California passed AB 686, which, in part, added WIC section 391 to require the county to assist a youth in completing a Medi-Cal application or obtaining other health insurance prior to the court terminating jurisdiction over the youth aging out of foster care. On January 1, 2014, Senate Bill

(SB) 28 went into effect, which, in part, amended WIC section 14005.28 to extend such benefits until age 26, as well as require that foster youth who are in care on their 18th birthday or older be automatically enrolled to receive such benefits without interruption in coverage and without requiring a new application. Per Department of Healthcare Services (DHCS) guidance, youth exiting foster care at age 18 or older are eligible for extended Medi-Cal coverage up to age 26 regardless of immigration status, and counties should automatically transition youth into the coverage for former foster youth even if they are missing from placement or incarcerated at the time of case closure. (See All County Welfare Directors Letters (ACWDL)s 14-41E, 15-32E, and 16-20.) Medi-Cal aid code 4M is used to provide former foster youth with coverage up to age 26. For more information regarding the extension of the Medi-Cal program for former foster youth to age 26, please see DHCS' ACWDLs 14-41 and 14-41E. Additionally, in 2015, prior to the new requirements listed below, the California Department of Social Services issued All County Information Notice I-31-15 to ensure youth exiting foster care receive continued Medi-Cal benefits until age 26.

## **LEGISLATION AND NEW REQUIREMENTS**

The AB 1849, effective January 1, 2017, amended WIC sections 391 and 16501.1 to introduce new requirements regarding the hearing to terminate dependency jurisdiction over a nonminor and the 90-day plan, respectively, as they relate to Medi-Cal benefits for eligible youth and nonminors.

### **WIC Section 391 – Hearing to Terminate Jurisdiction Over Nonminor**

The court cannot terminate dependency jurisdiction over a nonminor who has attained 18 years of age until a hearing is conducted and the county has submitted a report verifying that, in addition to other provisions, the eligible nonminor has been provided with the following:

1. His/her Medi-Cal Benefits Identification Card (BIC);
2. Written verification of enrollment in Medi-cal (there is no standardized verification form);
3. Continued and uninterrupted enrollment in Medi-Cal.

### **WIC Section 16501.1 – 90-day Plan**

Counties are also required, during the 90-day period prior to a youth or nonminor exiting foster care, to provide the youth or nonminor with information regarding health insurance options that includes the following:

1. Verification that the eligible youth or nonminor is enrolled in Medi-Cal;

2. A description of the steps the youth's social worker or probation officer has taken or will be taking to ensure the eligible youth or nonminor is transitioned into the Medi-Cal program for former foster youth upon case closure with no interruption in coverage and no new application being required.

### **MEDI-CAL BIC – FORMER FOSTER YOUTH**

Youth use the same BIC when they transition into the Medi-Cal program for former foster youth. If the former foster youth does not have a BIC, the county eligibility worker must update the youth's address, if necessary, and then enter the EW45 transaction code for a BIC into the Medi-Cal Eligibility Data System. The BIC is then sent to the address on file for the youth.

### **SAMPLE FORM (SEE ATTACHMENT) FOR MEETING NEW REQUIREMENTS REGARDING HEARING AND 90-DAY PLAN**

In order to verify Medi-Cal enrollment and provide youth with a complete and accurate description of the steps taken to ensure continued and uninterrupted Medi-Cal enrollment, social workers and probation officers should document, as applicable, the following:

1. Date of verification of enrollment in Medi-Cal and name and contact of staff who confirmed enrollment;
2. Reason why youth has not yet been transferred into Medi-Cal program for former foster youth;
3. Steps that will be taken to ensure youth is transferred into the program in a timely manner;
4. Anticipated date by which youth will be transferred into the Medi-Cal program for former foster youth.

A sample county form has been attached to assist with completing these tasks and providing youth with the required information. A copy of the completed form should be given to the youth.

### **REVISED FORM JV-365**

The JV-365 form for "TERMINATION OF JUVENILE COURT JURISDICTION—NONMINOR" is the mandatory Judicial Council form used by the courts at the hearing to terminate jurisdiction for a nonminor. It also acts as a checklist for the social worker and probation officer to use to ensure the exiting foster youth has the benefits they are entitled to and that they have a stable transition as they exit foster care.

The changes to the JV-365 form include the following directions and requirements for the social worker and probation officer and are effective January 2017:

1. The JV-365 is now in line with the Welfare and Institutions Code sections 391 and 14005.28;
2. The form now reflects that Medi-Cal benefits extend to age 26;
3. Written verification of continued enrollment in Medi-Cal with no interruption in coverage is now a check box;
4. Ensuring the youth has their Medi-Cal BIC is now a check box;
5. Information about eligibility for extended Medi-Cal benefits until age 26 is now a check box;
6. Help obtaining employment or other financial support, including completing enrollment into CalFresh, is now a checkbox.

For inquiries regarding county responsibilities related to Medi-Cal benefits for former foster youth, please contact the Transition Age Youth Policy Unit at [TAYPolicy@dss.ca.gov](mailto:TAYPolicy@dss.ca.gov) or (916) 651-7465.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment

## Attachment

### Confirmation of Transfer into Medi-Cal Program for Former Foster Youth (Sample County Form)

YOUTH'S NAME: (child's name)

DOB: (child's date of birth)

**For foster youth currently in the Medi-Cal program for former foster youth  
(assigned the "4M" aid code):**

Date youth was transferred into 4M:

Name and contact information for Medi-Cal contact who confirmed transfer into 4M:

**For foster youth transitioning into the Medi-Cal program for former foster youth:**

Date youth confirmed to be enrolled in Medi-Cal & name of Medi-Cal contact who confirmed enrollment:

Steps taken to coordinate transfer into "4M" with Medi-Cal eligibility worker:

Reason why youth has not yet been transferred into 4M:

Steps social worker or probation officer plans to take to coordinate transfer into "4M" with Medi-Cal eligibility worker:

Anticipated date by which the youth will be transferred into 4M:

Name and contact information of Medi-Cal contact: